

FILED

DEC 01 2020

General Complaint

Clerk, U.S. District Court
Texas Eastern

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

Linda Darlene Skinner

Case Number : 6:20-cv-624 JCB/KNM

List the full name of each plaintiff in this action.

VS.

Allaso Ranch Camp and Retreat Center

Fellowship Church Grapevine, TX

Ed Young

List the full name of each defendant in this action.

Do not use "et al".

Kimberly Guthrie

Attach additional pages if necessary.

I. ATTEMPT TO SECURE COUNSEL:

Please answer the following concerning your attempt to secure counsel.

A. In the preparation of this suit, I have attempted to secure the aid of an attorney as follows: (circle one)

1. Employ Counsel
2. Court - Appointed Counsel
3. Lawyer Referral Service of the State Bar of Texas,
P. O. Box 12487, Austin, Texas 78711.

B. List the name(s) and address(es) of the attorney(s):

Disability Rights of Texas, 1420 W. Mockingbird Ln # 450
Dallas, TX 75247

C. Results of the conference with counsel:

They were unable to accept my case due to limited
resources at this time

II. List previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action or any other incidents? _____ Yes X No

B. If your answer to "A" is "yes", describe the lawsuit in the space below.
If there is more than one lawsuit, attach a separate piece of paper describing each.

1. Approximate file date of lawsuit: NA

2. Parties to previous lawsuit(s):

Plaintiff NA

Defendant NA

Attach a separate piece of paper for additional plaintiffs or defendants.

3. Identify the court the lawsuit was filed. If federal, name the district. If state, name the county.

NA

4. Docket number in other court. NA

5. Name of judge to whom the case was assigned.

NA

6. Disposition: Was the case dismissed, appealed or still pending?

NA

7. Approximate date of disposition. NA

III. Parties to this suit:

A. List the full name and address of each plaintiff:

Pla #1 Linda Darlene SKINNER
1209 South Main St. # 1012
Lindale, TX 75771

Pla #2 _____

B. List the full name of each defendant, their official position, place of employment and full mailing address.

Dft #1: Allaso Ranch Camp and Retreat Center
2302 Private Rd 7850
Hawkins, TX 75765

Dft #2: Fellowship Church
2450 N. Hwy 121
Grapevine, TX 76051

Dft #3 Ed Young, Senior Pastor, Fellowship Church
2450 North Hwy 121
Grapevine, TX 76051

Attach a separate sheet for additional parties.

care of
Allaso
Ranch
Kimberly Guthrie, Outdoor University Coordinator
2302 Private Rd 7850
Hawkins, TX. 75765

IV: Statement of Claim:

State as briefly as possible the fact of your case. Describe how each defendant is involved. Include the names of other persons involved with dates and places. Do not give any legal arguments or cite cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need, attaching additional pages if necessary.

On 9/23/19 I had an epileptic seizure on the way to work at Allaso Ranch Camp and Retreat Center. When I was able, at about 9:30 A.M. I called my supervisor, Kimberly Guthrie and told her about the ~~ep.~~ seizure. I did not go to work that day, but returned on Tuesday, 9/24/20.

The next week, I believe it was on 10/1/20, Ms. Guthrie said she had received a complaint from a parent that I had spoken harshly to a co-worker and a student. She asked me if I thought that my Epilepsy was affecting my judgement or interaction with people. That type of questioning by an employer is in violation of Title VII, the ADA.

On 10/14/19 Ms. Guthrie called me at home and informed me that she "was not going to schedule me anymore, but it was not a firing." When I asked why, she replied that she didn't think I was the "right fit for the job."

IV: Statement of Claim:

State as briefly as possible the fact of your case. Describe how each defendant is involved. Include the names of other persons involved with dates and places. Do not give any legal arguments or cite cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need, attaching additional pages if necessary.

This phone call took place on the Monday after
the last camp session ended for a break from
10/12/19 to 11/3/19. The termination was
completely unexpected since I had no warnings
or disciplinary action invoked against me during
my employment at Allaso Ranch. I had
a good relationship with my co-workers.
I believe that Ms. Ruthrie fired me because
of my Epilepsy and her perceptions on how
it may affect my ability to do my job.

Allaso Ranch Camp and Retreat Center
is ~~own~~ owned and operated by Fellowship Church
of Grapevine, Texas. Ed Young is the
Senior Pastor of the church.

- V. Relief: State Briefly exactly what you want the court to do for you. Make no legal arguments and do not cite cases or statutes. Attach additional pages if necessary.

I would like the court to order the defendants
to pay me all salary I would have earned
working for the scheduled camps for the remainder
of the 2019-2020 school year. This would
be based on an hourly rate of \$10 for 20 hours
a week. I know there were seven (7) weeks of camp
before the Christmas break. I do not know how many
weeks were scheduled for the next year.
also, I am requesting that defendants reimburse me for all court and
legal fees that I might incur as a result of this suit.

Signed this first day of December, 20 20.
 (Month) (Year)

I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on: 12/1/20
 Date

Linda Skinner
1209 S. Main St #1012
Lindale, TX 75771
 Signature of each plaintiff

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Linda D. Skinner
1209 S. Main St #1012
Lindale, TX 75771

From: Dallas District Office
207 S. Houston St.
3rd Floor
Dallas, TX 75202



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

450-2020-00964

Esaid Olvera,
Investigator

esaid.olvera@eEOC.gov

(972) 918-3613

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)


- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



September 2, 2020

Enclosures(s)

Belinda F. McCallister,
District Director

(Date Mailed)

cc:

Laura Lang, Attorney
Brewer Lang Veach PC
920 S. Main Street, Suite 100
Grapevine, TX 76051
(Allaso Ranch Camp and Retreat Center)

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 450-2020-00964 </div> </div>	
TEXAS WORKFORCE COMMISSION CIVIL RIGHTS DIVISION and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. LINDA D SKINNER		Home Phone (214) 934-2204	Year of Birth
Street Address 1209 S. MAIN ST #1012, LINDALE, TX 75771		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ALLASO RANCH		No. Employees, Members	Phone No. (903) 769-7300
Street Address 2302 PRIVATE RD 7850, HAWKINS, TX 75765		City, State and ZIP Code	
Name		No. Employees, Members	Phone No.
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> AGE</div> <div><input checked="" type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 10-14-2019 10-14-2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). PERSONAL HARM: I had an episode regarding my disability on September 23, 2019, that did not allow me to return back to work. Shortly after a 3-week company break between camps, on October 14, 2019, I was told by Kimberly Gurthrie, Supervisor, that she was not putting me back on the schedule. Respondent knew of my disability as evidenced by Ms. Guthrie asking me was my disability affecting my job? RESPONDENTS REASON FOR ADVERSE ACTION: I was not a good fit. DISCRIMINATION STATEMENT: I believe that I was discriminated against based on disability, in violation of the Americans with Disabilities Act of 1990.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Linda Skinner on 01-16-2020 01:28 PM EST		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	